24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule	E)				PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
WOMEN	N VOIE!				C C00473918
Check if 24-hour report					
	ne of Payee on Control			Date	of Public Distribution/Dissemination
					02 18 2014
Mailing A	Address 114 A Mansfield Hollow Rd			Amou	nt
City		State	Zip Code	-	10698.04
	ld Center	СТ	06250		action ID : SE-6206 of Disbursement or Obligation
Purpose Mailhous	of Expenditure se		Category/ Type		DISDUISEMENT OF CONTINUENT
Name of	Federal Candidate		Support	Office Sough	it: X House District: 13
David Jo	blly		X Oppose	Preside	ent Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		111338.79	Disbursemer	
			111000.70	X c	ther (specify) ▶Sp-Gen
	ne of Payee on Control				of Public Distribution/Dissemination
Mailing Address				02 18 2014	
Ivialing F	114 A Mansfield Hollow F	₹d		Amou	int
City		State	Zip Code	$ \Gamma$	15263.81
Mansfie	ld Center	СТ	06250		action ID : SE-6207 of Disbursement or Obligation
Purpose Mailhou	of Expenditure se		Category/		A M / D D / Y Y Y Y
			Type	<u> </u>	
Name of David Jo	Federal Candidate		Support	Office Sough	
David Go	ліу		X Oppose	Presid	
	endar Year-To-Date Election for Office Sought		111338.79	Disbursemer 2014	nt For:
(a) SUBT	OTAL of Itemized Independent Exp	enditures		· •	25961.85
(b) SUBTOTAL of Unitemized Independent Expenditures				•	
(c) TOTAL Independent Expenditures				· •	25961.85
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
2:	Caroline Fines	[Electron	nically Filed] Date	9 02	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatu	ure				